

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: Dover Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 10/2010 PHA Code: AR085					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 24 Number of HCV units:					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To promote adequate and affordable housing, economic opportunity and a suitable living environment for low, very low and extremely low income households free from discrimination.					

5.2	<p><b>Goals and Objectives.</b> Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <ol style="list-style-type: none"> <li>1. Renovate or modernize housing stock. Year 1: Replace windows, replace commodes, replace shower fixtures, replace interior doors, replace sidewalks and landscape. This goal was accomplished. Years 2, 3, 4, and 5 we placed funds in operations to accomplish renovations of our housing stock.</li> </ol>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: We have not revised any elements of our 5 year plan; and we have not revised any parts of our annual statements.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. PHA main office, Dover, AR.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>

8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>According to the latest Census, the City of Dover has a total population of 1,404 persons. Of those, 623 are males, 781 are females. The median household income is \$28,380. There are 16.3% of its residents living in poverty. Of those 15.3% are white, 50% are black, and 30.8% are Hispanic. The average household size is 2.5 people, and 70.5% are family households. The Dover Housing Authority currently has 4 extremely low income families on its waiting list categorized as follows: 0BR – 0 family; 1BR – 0 families; 2BR – 4 families; 3BR – 0 families; and 4BR – 0 families. The Authority has developed the below listed strategies in section 9.1 to address the housing needs in its jurisdiction.</p>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> We will address housing needs by performing the following: We will maintain vacancies at or below 2%; maintain a PASS score no less than 80%, improve response to service requests, increase staff training, renovate existing housing stock, and make opportunities available for elderly and handicapped residents.</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”. The Dover PHA definition of “substantial deviation/modification is any increase or decrease over 50% in funds projected in it Capital Fund program Annual Statement, or a 50% variance in funds projected in the capital Fund Program Annual Statement. In implementing this definition, the Dover PHA proposes to not to deviate from its five-year and annual plan.</p>

<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan.</li> </ul> <p>NOTE: No comments were received from the Resident Advisory Board.</p> <p>PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <ul style="list-style-type: none"> <li>(g) Challenged Elements: We have no challenged elements.</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development

 Office of Public and Indian Housing  
 Expires 4/30/20011

<b>PART I: SUMMARY</b>						
PHA Name/Number: Dover Housing Authority AR085			Locality: Dover, AR		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY2013	Work Statement for Year 5 FFY 2014
<b>B</b>	Physical Improvements Subtotal	Annual Statement	20,000.00	20,000.00	20,010.00	20,000.00
C.	Management Improvements					
D.	PHA-Wide Non- dwelling Structures and Equipment					
<b>E</b>	<b>ADMINISTRATION</b>					
F.	Other: Fees & Costs					
G.	Operations		5,010.00	5,010.00	5,010.00	5,010.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		25,010.00	25,010.00	25,010.00	25,010.00
L.	Total Non-CFP Funds					
M.	Grand Total		25,010.00	25,010.00	25,010.00	25,010.00

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing  
Expires 4/30/20011**PART I: SUMMARY (CONTINUATION)**

PHA Name/Number: Dover Housing Authority AR085			Locality: Dover, AR		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1	Work Statement for year 2	Work Statement for Year 3 FFY	Work Statement for Year 4 FFY	Work Statement for Year 5 FFY
		Annual Statement				

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development

 Office of Public and Indian Housing  
 Expires 4/30/20011

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
	Purchase lawnmower @ 4,000, provide landscaping @ 5,000, install cabinets and flooring @ 11,000	3	20,000	Replace/repair sidewalks and hand railing @ 12,000, provide landscaping @ 5,000, tree and brush removal @ 3,000	3	20,000
	Subtotal of Estimated Cost		\$20,000	Subtotal of Estimated Cost		\$20,000



<b>Capital Fund Program—Five-Year Action Plan</b>	<b>U.S. Department of Housing and Urban Development</b>
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<b>Capital Fund Program—Five-Year Action Plan</b>	<b>U.S. Department of Housing and Urban Development</b>
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<b>Capital Fund Program—Five-Year Action Plan</b>	<b>U.S. Department of Housing and Urban Development</b>
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**Part III: Supporting Pages – Management Needs Work Statement(s)**

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**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	Repair/replace fence @ 5,000, install signage/flagpole @ 5,000, install exterior lighting @ 5,000, install interior light fixtures @ 5,000	4	20,000	Provide new storage building @ 8,000, install cabinets and flooring @ 12,000	2	20,000
		Subtotal of Estimated Cost	20,000		Subtotal of Estimated Cost	20,000

<b>Capital Fund Program—Five-Year Action Plan</b>	<b>U.S. Department of Housing and Urban Development</b>
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<b>Capital Fund Program—Five-Year Action Plan</b>	<b>U.S. Department of Housing and Urban Development</b>
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<b>Capital Fund Program—Five-Year Action Plan</b>	<b>U.S. Department of Housing and Urban Development</b>
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**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013		Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL				
Statement				
	AR085 Operations: 1406	5,010	AR085 Operations: 1406	5,010
	Fees & Costs: 1430	0	Fees & Costs: 1430	0
	Advertisement: 1410	0	Advertisement: 1410	0
	Management Improvements: 1408	0	Management Improvements: 1408	0
	Subtotal of Estimated Cost	\$5,010	Subtotal of Estimated Cost	\$5,010

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program  
 Expires 4/30/2011

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226

<b>Part I: Summary</b>					
<b>PHA Name: Dover Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P085501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/10</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	2,501			
3	1408 Management Improvements	5,002			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	17,507			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with fewer than 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Dover</b> <b>Housing</b> <b>Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P085501-10 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/10</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	25,010.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>		
			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with fewer than 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program  
**Expires 4/30/2011**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226

<b>Part II: Supporting Pages</b>								
PHA Name: Dover Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P085501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406	1	5,010	0	0	0	Not started
PHA Wide	Management Improvements:	1408		0	0	0	0	Not started
PHA Wide	Site Improvements : Drainage @ 5,000, new mail boxes @ 2,000	1450	2	7,000	0	0	0	Not started
PHA Wide	Dwelling Structures: Install cabinets and flooring	1460	1	10,000	0	0	0	Not started
PHA Wide	Non-Dwelling equipment: purchase computer	1475	1	3,000	0	0	0	Not started
<b>TOTAL</b>				25,010	0	0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Expires 4/30/2011**

Office of Public and Indian Housing

### Part III: Implementation Schedule for Capital Fund Financing Program

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

DOVER HOUSING AUTHORITY VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT  
REAUTHORIZATION ACT 2005 POLICY STATEMENT

PURPOSE: The purpose of this policy is to assure that the Dover Housing Authority is in compliance with Notice PIH 2006-23 dated June 23, 2006, entitled, "Violence Against Women and Justice Department Reauthorization Act 2005".

POLICY: The Dover Housing Authority shall support or assist victims of domestic violence, dating violence, sexual assault, or stalking in its Public Housing Program. The Dover Housing Authority shall prohibit the eviction of, and removal of assistance from certain persons living in public housing if the asserted ground for such action is domestic violence, dating violence, sexual assault, or stalking.

PROCEDURE: The Executive Director shall have ultimate responsibility to enforce this policy. The Executive Director shall delegate responsibility to any responsible staff to ensure that this policy is enforced. The Executive Director shall make referrals to the local Office of Community Services in Dover, Arkansas for persons who are victims of domestic violence. The Executive Director shall also follow-up with the Office of Community Services to assure service provision.